

BOARD OF COUNTY COMMISSIONERS

LUCAS COUNTY, OHIO

APPLICATION FOR A PUBLIC VOLUNTEER
COMMITTEE, COMMISSION, BOARD OR AGENCY APPOINTMENT
ONE GOVERNMENT CENTER, SUITE 800
TOLEDO, OHIO 43604

NAME OF APPLICANT: _____
First Middle Last

ADDRESS: _____
Street City/State Zip Code

TELEPHONE: _____
Work Fax Home

EMAIL ADDRESS: _____

APPOINTMENT APPLYING FOR: TOLEDO/LUCAS COUNTY COMMISSION ON DISABILITIES

What experience or knowledge do you have in regards to disability culture, disability rights, or issues relating to disability? Note any personal experience that would make you a good advocate

Do you or an immediate member of your family have a disability? No Yes

Have you, your spouse, or any of your children under the age of 18 made a contribution to a Lucas County Commissioner's Campaign fund within the last five years? No Yes

Have you, a business in which you have an ownership interest, your spouse, or any immediate family member, received a contract for goods or services within the last 5 years from the Board or Commission to which you are seeking appointment? No Yes

If yes, please disclose the nature, duration and amount of the contract.

Are you related to any current employee of Lucas County? No Yes
If yes, give name and position _____

Are you related to any other member of the committee, commission, board or agency for which you are applying? No Yes

Are you related to any employee of the committee, commission, board or agency for which you are applying? No Yes

Do you serve on any other public or not-for-profit boards? No Yes
If yes, please identify _____

If yes, please identify _____

No	Yes
If yes, please provide details:	

No	Yes	Does Not Apply
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High School _____ Date of Graduation _____
Post-High School Education _____

Branch of Service _____
 Discharge Date _____ Type of Discharge _____
 Highest Rank _____

Present or last employer _____
Your title/duties _____

Dates of Employment _____ to _____
Previous employment (list employers, position, dates of employment) _____

(List three persons not related to you who you have definite personal knowledge of your qualifications for this position)

Name	Address	Telephone

STATEMENT:

Please provide a brief statement as to why you feel you are qualified for this appointment. **If you are seeking re-appointment, please indicate what your contributions have been to the committee/commission during the time of your service. For re-appointment, please state your meeting attendance history**

Please include any other information here that you feel would be of importance to the Commissioners in the selection process

Are you aware of any circumstances that exist or could exist that would create a conflict of interest or the appearance of a conflict of interest if you are appointed to this board? No Yes

If yes, please explain_____

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements will void this application and any actions based on it.

SIGNATURE OF APPLICANT _____ DATE _____

Please submit a detailed resume with this form and return to the Lucas County Administrator at One Government Center, Suite #800, Toledo, Ohio 43604-2259